

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

STD 262 (REV 10/92)

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CLAIMANT'S NAME Kira Heinrichs		SSAN OR EMPLOYEE NUMBER		DEPARTMENT Governor's Office	
POSITION Assistant Press Secretary		CB/D NUMBER		DIVISION OR BUREAU Press Office	
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS State Capitol		INDEX NUMBER	
CITY	STATE	ZIP	CITY	STATE	ZIP
Sacramento		California		95814	

MONTH/YEAR Feb-10		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
23-Feb	3 p.m.	Sac-LA	125.49				6.00	173.70		9.00 15.00			320.19
24-Feb	7 p.m.	LA-Sac		4.75				173.70		2.00	0.00		180.45
											0.00		0.00
											0.00		0.00
											0.00		0.00
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											0.00		0.00
											0.00		0.00
SUBTOTALS			125.49	4.75	0.00	0.00	6.00	347.40	0.00	17.00	0	0.00	
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												494.64	
												\$500.64	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Staff Governor's Summit on Health, Nutrition and Obesity.

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240936

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

pertain to vehicle safety and usage.

CLAIM	DATE 3/2/10	SIGNATURE
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SIG/ JRE OF TITLE / AUTHORITY FOR SPECIAL EXPENSES

DATE 3/2/10
DATE 3/8/10